

# 4

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

**Attorney Docket Number** S0002-US02

**First Named Inventor** LUEHMANN, et al.

**COMPLETE IF KNOWN**

**Application Number** / To be assigned

**Filing Date** Herewith

**Group Art Unit** To be assigned

**Examiner Name** To be assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Purified Water Supply System For High Demand Devices and Applications**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **01/07/2002** as United States Application Number or PCT International

Application Number **To be assigned** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
YES	NO			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
<b>60/260,036</b>	<b>01/05/2001</b>	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]


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**DECLARATION — Utility or Design Patent Application**

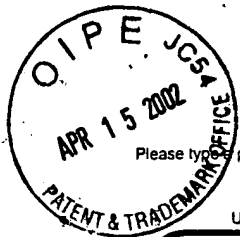
Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24994	OR <input type="checkbox"/>	Correspondence address below	
Name <b>Gambro, Inc.</b>						
Address <b>10810 W. Collins Ave.</b>						
Address						
City <b>Lakewood</b>			State <b>CO</b>		ZIP <b>80215-4439</b>	
Country <b>USA</b>		Telephone <b>303-205-2560</b>			Fax <b>303-231-4198</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Douglas A.</b>			Family Name or Surname <b>LUEHMANN</b>			
Inventor's Signature 					Date <b>Feb 16, 2002</b>	
Residence: City <b>Battle Lake</b>		State <b>MN</b>		Country <b>U.S.A.</b>		Citizenship <b>U.S.A.</b>
Mailing Address <b>Route 2, Box 324-L "Formerly residing at"</b>						
Mailing Address <b>36937 Blarney Beach Road "Now residing at"</b>						
City <b>Battle Lake</b>		State <b>Minnesota</b>		ZIP <b>56515</b>		Country <b>U.S.A.</b>
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Johnny W.</b>			Family Name or Surname <b>HANNAH</b>			
Inventor's Signature					Date	
Residence: City <b>Timberville</b>		State <b>VA</b>		Country <b>U.S.A.</b>		Citizenship <b>U.S.A.</b>
Mailing Address <b>Route 2, Box 148</b>						
Mailing Address						
City <b>Timberville</b>		State <b>Virginia</b>		ZIP <b>22853</b>		Country <b>U.S.A.</b>
<input checked="" type="checkbox"/> Additional inventors are being named on <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						



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Address					
City <b>Lakewood</b>			State <b>CO</b>	ZIP <b>80215-4439</b>	
Country <b>USA</b>		Telephone <b>303-205-2560</b>		Fax <b>303-231-4198</b>	
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Given Name (first and middle [if any]) <b>Douglas A.</b>			Family Name or Surname	<b>LUEHMANN</b>	
Inventor's Signature					Date
Residence: City	<b>Battle Lake</b>	State	<b>MN</b>	Country	<b>U.S.A.</b>
Citizenship <b>U.S.A.</b>					
Mailing Address <b>Route 2, Box 324-L</b>					
Mailing Address					
City <b>Battle Lake</b>		State <b>Minnesota</b>		ZIP	<b>56515</b>
				Country	<b>U.S.A.</b>
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <b>Johnny W.</b>			Family Name or Surname	<b>HANNAH</b>	
Inventor's Signature					Date
Residence: City	<b>Timberville</b>	State	<b>VA</b>	Country	<b>U.S.A.</b>
Citizenship <b>U.S.A.</b>					
Mailing Address <b>Route 2, Box 148</b>					
Mailing Address					
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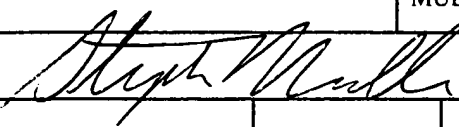
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

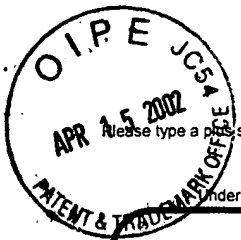
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen M..		MULLINS	
Inventor's Signature			Date <u>1/25/02</u>
Residence: City	Lakewood	State CO	Country U.S.A.
Mailing Address		730 S. Taft Street	
Mailing Address			
City	Lakewood	State Colorado	ZIP 80228
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John D.		BIELEFELD	
Inventor's Signature			Date
Residence: City	Prairie Village	State KS	Country U.S.A.
Mailing Address		4820 W. 75th Street	
Mailing Address			
City	Prairie Village	State Kansas	ZIP 66208
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Mailing Address			
Mailing Address			
City		State	Country

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Suppl mental Sheet  
Page 1 of 1

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Given Name (first and middle [if any])		Family Name or Surname		
Stephen M..		MULLINS		
Inventor's Signature				Date
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Mailing Address				
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
John D.		BIELEFELD		
Inventor's Signature				Date 1-29-02
Residence: City	Prairie Village	State	KS	Citizenship U.S.A.
Mailing Address		4820 W. 75th Street		
Mailing Address		15901 E. 20th St. Independence MO 64050 (816) 461-3770		
City	Prairie Village	State	Kansas	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature				Date
Residence: City		State		Citizenship
Mailing Address				
Mailing Address				
City		State		Country

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